



## International Student Questionnaire

**Personal Information** (print clearly) This information is needed to complete the I-20 Application for F-1 Student Visa/Status. Provide all information as it appears in your passport.

Family name: \_\_\_\_\_ Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_  
First name: \_\_\_\_\_ Gender:  Male  Female  
City of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
County of citizenship: \_\_\_\_\_ Phone number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**History** (Check the answers that apply)

Was the last school you attended a SEVIS School?  Yes  No  
If yes, do you believe you are still in active SEVIS Status?  Yes  No  
When did you last attend a U.S. school? Month \_\_\_\_\_ Year \_\_\_\_\_  
Did you graduate/complete a degree at this school?  Yes  No  
If yes, check level of study:  High School  Associates  Bachelors  Graduate  
Previous SEVIS School: \_\_\_\_\_ School SEVIS code: \_\_\_\_\_

**Please submit a copy of your last I-20 and Personal Page of your Passport**

If you have dependents, how many will also apply for F-2 visas? \_\_\_\_\_  
Dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Do you currently hold a valid F-1 Visa?  Yes  No  
If you plan to change your "visa status" in the United States, what valid visa do you now hold? \_\_\_\_\_

**Intended Academic Program** (Check the answers that apply)

Expected start date:  Fall  Spring  Summer Year: \_\_\_\_\_  
Expected Degree:  Masters  Bachelors  Associates  
Expected Major/ Program: \_\_\_\_\_

**Address to send I-20** (if different from home country)

**Address in home country** (Please print clearly)

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postal/Zip Code: \_\_\_\_\_

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postal/Zip Code: \_\_\_\_\_

\*Contact phone number in home country: \_\_\_\_\_

\*Who do you plan to have as your **financial support outside of any Nyack College aid**?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

\*Do you plan to live in the Rockland County campus housing?  Yes  No